# 105000661546

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Ol hhC Name of Limit	ited Liability Company	<del></del>
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Eugene	Name of Person	
	907	-NVESTMENT H	oldings, LCC
	<u>3420</u>	W. North A S	St.
	- Tanga harbing	City/State and Zip Code $530500 \text{ Vs. ic. 2. Do. 3}$	mac t
	E-mail address: (t	5305 VEV 12 0V obe used for future annual report notific	ration)
For further information co	ncerning this matter, please ca	dl:	
Lame of	MEEKS Person	at ( <u>8/3</u> ) 335 -3( Area Code Daytime	S D O Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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The Articles of Organization for this Limited Liability Company were filed on June 21, 2005 and assigned Florida document number L0500061546 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:	
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KEITH R.E. Johnson	3691 Statz Roal 580 Unit Oldsmar, FL 34677	H XAdd
		Oldsmar, FL 34677	Remove
			Change
			Add
			Change Cardon Romove 5
			OANd Z
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an effec <u>lote:</u> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.
	5-10-2018 2-018
ated	
ated	5-10-2018  - Cicyun Signature of a member or authorized representative of a member  Eugune Osteen for GO Friestment  Typed or printed name of signee Holdings, cic

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Filing Fee: \$25.00